DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

BRIAN SC GOVERNO

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ROBERT E. WYNIA, M.D. DIRECTOR

STATE OF MONTANA

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Dear Applicant:

This letter is in response to your request for information regarding the procedure to register as a Montana Medical Marijuana Patient and if applicable as an approved patient's caregiver.

The following references are enclosed:

- 1) An application form
- 2) An attending Physician's Statement for a new applicant
- 3) A Montana Medical Marijuana Change Request Form
- 4) A copy of The Montana Medical Marijuana Act (Initiative 148)
- 5) A copy of The Medical Marijuana Policy Project of Montana

Please submit the following information:

- a) **A completed application.** If you are assigning a caregiver, the caregiver must fill out and sign the caregiver portion of the application. If the Patient is A Minor (under 18), the patient's parent or legal guardian must fill out the application and complete the Declaration of Person responsible for a minor on the back of the application form.
- b) **A \$100.00 check or money order** made payable to DPHHS/QAD/Licensure Bureau for the registration fee. The registration fee is not refundable unless the applicant is denied.
- c) A completed Physician's Statement filled out and signed by your Physician (Medical Doctor or Doctor of Osteopathy) who must be currently licensed in the State of Montana.
- d) **If any changes** are being made to your current Montana Marijuana Program status, you must complete and submit the Change Request Form within 10 days.

The above applicant materials, (A thru C) must be complete with signatures and dates in order to be considered for a Montana Medical Marijuana Registration Card. If any of the application material is incomplete, it will be returned to you for completion.

You will be notified of approval or denial within 20 days of receipt of your application. If you have any questions, please do not hesitate to call The Licensure Bureau at (406) 444-2676.

Sincerely:

Roy P. Kemp, Bureau Chief Department of Health and Human Services Quality Assurance Division/ Licensure Bureau

RPK/ag Enclosure